Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set fouth in IC 5-2-45-3.

Date: $\frac{\partial S/\partial J}{\partial S}$	Address:	7630N GEOW	
Date: <u>03/13</u> /08 Case #: 32 - 43903 County: <u>2488489</u> 0		SHEPSHEWANNA, IN 46	565
County: LAGRANGE	: :	·—	•
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)	
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open (check all that apply) X Lithium/Ammonia Reaction(s): Print Rec		~~~ ~~	
Red Phosphorous/Iodine Reaction(s):	_		M
Flammable Solvents: Bedlana	A		06 EX-C
Water Reactive Metal (Lithium): Syt Rage	Hoom		7,
Anhydrous Ammonia:	. A		1
Hydrochloric Acid Gas Generator(s): BATE	4 Kircre S		40
P Comosive Acid: LAUNDRY AREA			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services	Ephedrin	e Information e/Pscudoephedrine Tracking Log crehant Tip	
This report is to be faxed to the following age	encies that serve the lo	ocation:	
Fire Department: SHTPSHEWMA F D	Fax: 260 -	768- 7000	
Health Department: LASRANSE Co	Fax: <u>∌¢0</u> Fax:	- 4 93 - 4189	
Child Protection Service;	. на.		
For further information regarding this methamp Investigating Officer: TRP Hoster WR Ph	hetamine laboratory, co one <u>} 483 - 86</u> 6	ontaci (

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.